

**Fill in this information to identify the case:**

Debtor name **Aguila, Inc.**

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) **21-11776**

☐ Check if this is an  
amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☒ *Amended Schedule F*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **October 26, 2021**

**X /s/ Raymond Sanchez**

Signature of individual signing on behalf of debtor

**Raymond Sanchez**

Printed name

**CEO**

Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name **Aguila, Inc.**  
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK  
Case number (if known) **21-11776**

☐ Check if this is an amended filing

**Official Form 206E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.  
☐ Yes. Go to line 2.

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	<b>Nonpriority creditor's name and mailing address</b> <b>Allied Universal Security Services</b> <b>c/o Laurie Malloy</b> <b>33-10 Queens Blvd., Ste. 300</b> <b>Long Island City, NY 11101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,227,776.31</b>
3.2	<b>Nonpriority creditor's name and mailing address</b> <b>Atlantic Tomorrow's Office</b> <b>134 W 26th St</b> <b>New York, NY 10001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,662.96</b>
3.3	<b>Nonpriority creditor's name and mailing address</b> <b>Bakary Maregan and Dahaba Marega</b> <b>504 East 178th Street, Apt. 2A</b> <b>Bronx, NY 10460</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>Carlos Loja</b> <b>295 East 162nd Street</b> <b>Bronx, NY 10451</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor	<b>Aguila, Inc.</b> <small>Name</small>	Case number (if known)	<b>21-11776</b>
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<b>3.5</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Christine Cheung</b> <b>463 East 173rd Street</b> <b>Bronx, NY 10457</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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<b>3.6</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Clarity Benefit Solutions</b> <b>77 Brant Ave # 206</b> <b>Clark, NJ 07066</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$123.75</b>
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<b>3.7</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Cluster</b> <b>c/o Kalman Tabak</b> <b>406 Avenue F</b> <b>Brooklyn, NY 11218</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$477,251.42</b>
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<b>3.8</b>	<b>Nonpriority creditor's name and mailing address</b> <b>De Lage Landen</b> <b>1111 Old Eagle School Road</b> <b>Wayne, PA 19087</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,863.07</b>
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<b>3.9</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Dell Financial Services</b> <b>One Dell Way RR2df-26</b> <b>Round Rock, TX 78682</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,147.16</b>
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<b>3.10</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Delta Elevator</b> <b>1536 Ericson Pl</b> <b>Bronx, NY 10461</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$600.00</b>
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<b>3.11</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Enrique Encarnacion</b> <b>c/o Ferro, Kuba, Mangano, Skylar, P.C.</b> <b>825 Veterans Highway</b> <b>Hauppauge, NY 11788</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.12	<b>Nonpriority creditor's name and mailing address</b> <b>Garilena de los Santos</b> <b>738/740 East 243rd Street, Apt. 3B</b> <b>Bronx, NY 10470</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Havana Express Catering Services</b> <b>815 Hutchinson River Pkwy.</b> <b>Bronx, NY 10465</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <span style="float: right;"><b>\$92,593.20</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Intrepid Group, LLC</b> <b>c/o Romer Debbas, LLP</b> <b>Attn: Jason A Goodman, Esq.</b> <b>275 Madison Avenue, Ste. 801</b> <b>New York, NY 10016</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <span style="float: right;"><b>\$2,022,648.30</b></span> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Jenny Rivera</b> <b>530 Throggs Neck Expressway</b> <b>Bronx, NY 10465</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Lamb Insurance Services</b> <b>370 Lexington Ave Suite 608</b> <b>New York, NY 10168</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <span style="float: right;"><b>\$16,850.88</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Luis Figueroa</b> <b>4589 Park Avenue</b> <b>Bronx, NY 10458</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Metropolitan Telecommunications</b> <b>55 Water St 32nd fl</b> <b>New York, NY 10041</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: <i>Check all that apply.</i></b> <span style="float: right;"><b>\$3,064.87</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.19	<b>Nonpriority creditor's name and mailing address</b> <b>MSA Security</b> <b>9 Murraby Street</b> <b>New York, NY 10007</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,577.00</b>
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3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Naquana Miller</b> <b>756 Fox Street</b> <b>Bronx, NY 10455</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Park View Hotel</b> <b>Jardin Central Pre-Assessment Shelter</b> <b>Justin Podolsky</b> <b>55 West 110th Street</b> <b>New York, NY 10026</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,063,886.32</b>
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3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Paylocity</b> <b>1359 Broadway Suite 808</b> <b>New York, NY 10018</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,536.48</b>
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3.23	<b>Nonpriority creditor's name and mailing address</b> <b>Shirley Perales</b> <b>868 East 95th Street</b> <b>Brooklyn, NY 11236</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Stephanie Sanchez</b> <b>1056 Boynton Avenue, Apt. 4F</b> <b>Bronx, NY 10472</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.25	<b>Nonpriority creditor's name and mailing address</b> <b>Time Warner Cable</b> <b>400 Atlantic Street</b> <b>Stamford, CT 06901</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$396.81</b>
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3.26	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon</b> <b>42 St. Bryant Park Station</b> <b>New York, NY 10018</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$39.23</b>
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3.27	<b>Nonpriority creditor's name and mailing address</b> <b>Vonage Business</b> <b>23 Main St</b> <b>Holmdel, NJ 07733</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,163.97</b>
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3.28	<b>Nonpriority creditor's name and mailing address</b> <b>Wayne Tatum</b> <b>P.O. Box 714</b> <b>New York, NY 10026</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.29	<b>Nonpriority creditor's name and mailing address</b> <b>Wayne Tatum</b> <b>441 Beach 51st Street, Apt. 8A</b> <b>Far Rockaway, NY 11691</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.30	<b>Nonpriority creditor's name and mailing address</b> <b>We Care Housing Services LLC</b> <b>c/o Albert Faks</b> <b>55 West 110th Street</b> <b>New York, NY 10026</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$171,201.00</b>
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3.31	<b>Nonpriority creditor's name and mailing address</b> <b>Westchester Ave CW &amp; Lube Inc.</b> <b>1440 Westchester Ave</b> <b>Bronx, NY 10472</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$75.95</b>
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3.32	<b>Nonpriority creditor's name and mailing address</b> <b>Windstream</b> <b>60 Hudson Street</b> <b>New York, NY 10013</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,083.55</b>
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Debtor **Aguila, Inc.** Case number (if known) **21-11776**  
Name

3.33 Nonpriority creditor's name and mailing address **Xavier Hernandez**  
**1056 Boynton Avenue, Apt. 2A**  
**Bronx, NY 10472**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☒ Disputed  
Basis for the claim: \_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 7,103,542.23
5c.	\$ 7,103,542.23